

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Terry M. Johnson, Paralegal

U. S. Application No. 10/538836

Publication Date 01 July 2005

Publication No. WO 055475

(a2)

PCT/RO/101

International Application No. PCT EP031014252

Language

German

DE 102 58685,3

13 Jun 2003

Priority Info: Country DE No. 103 15 940,8 date 01 April 2003

MORE turn over

Abstract: Correspondence checked: Inventor Name checked:

Copy in International Application: yes no Translation: yes no

Copy of ISR Copy of IPER

Total Claims: 34 Chargeable 34 Independent 2 multiple

371 Filing Fees: 800; meets Art. 33(2)-(3) Low fee applies:

Number of drawing Sheets: 2

Oath/Declaration: yes no signed unsigned defective completed 12 July 2005

large entity fee: Small entity fee: SME papers: yes no

Biochemical Seq. Diskette: yes no entered Biochemical Seq. Listing: yes no

statement yes no

Copy of ISR: with References , without References

Copy of IPER: yes no Annexes yes no entered not entered

Preliminary Amendment(s): yes no 2nd amendment date

IDS: yes no DATE: 2nd yes no DATE

Request for Immediate Examination: yes no

Substitute Specification: yes no

Assignment: yes no forwarded to Assignment

Priority Document(s): yes no Number of copies included

Power of Attorney: yes no

Date of 35 VSC Receipt of Request: 13 June 2005 Notes:

Date Completion VSC 371 Requirements: 09 September 2005

Notice of Missing Requirements:

Notice of Defective Response:

Notice of Acceptance: 12 July 2005

Notice of Abandonment: 11 11

Other forms:

Article 19 Amendment: yes no replaced by Article 34 Amdt.

Extension of time: Number of months

Petition to Revive: Petition 1 47

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/538 836

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>50</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 50

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

04 - 0753

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Rate change - 08 Dec 2004 -

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: Derry M. Johnson

OFFICE: DO/ED

TITLE: Supervisor

PHONE: 703-308-9140

X221

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: 8/2/04 Credit Card Refund Total: \$50.00

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance

Refund Branch

Crystal Park One, Room 802B